## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

S	chedule E)	FOR SE OF FORM 24/48
V/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	Congressional Leadership Fund	
		C C00504530
Cł	neck if 24-hour report 48-hour report New report Amends report filed	I on May / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Creative Direct	M M / D D / Y Y Y Y
	Mailing Address 25 E Main Street	05 01 2017 Amount
		Amount
	City State Zip Code	18500.00
	Richmond VA 23219	Transaction ID: 001 Date of Disbursement or Obligation
	Purpose of Expenditure Direct Mail  Category/ Type  004	04 / 27 / 2017
	Name of Federal Candidate Support Office	e Sought: X House District: 01
	Quist, Rob, , ,	President Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought  Disbute 1695349.56  Disbute 1695349.56	ursement For: Primary General  ✓ Other (specify) ► Special General
	Full Name of Payee	Date of Public Distribution/Dissemination
	Creative Direct	M = M / D = D / Y = Y = Y
	Mailing Address 25 E Main Street	05 01 2017
	20 E Main Greek	Amount
	City State Zip Code	18500.00
	Richmond VA 23219	Transaction ID: 002  Date of Disbursement or Obligation
	Purpose of Expenditure  Category/  Category/  Category/	M = M / D = D / Y = Y = Y
	Direct Mail  Outcome  Outcome	04 27 2017
	Name of Federal Candidate Support Offic	e Sought:
	Gianforte, Greg, , ,	President Senate State: MT
		ursement For: Primary General
	Per Election for Office Sought 1713849.56 2017	➤ Other (specify) ➤ Special General
	(a) SUBTOTAL of Itemized Independent Expenditures	37000.00
		7
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	Crosby, Caleb, , ,  [Electronically Filed] Date	M / D D / Y Y Y Y
	Signature Date	05 03 2017

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Scł	nedule E)	LIVE	TOTILO				PAGE 2	OF F FORM 24/4	4 18	
	TE OF COMMITTEE (In Full)					FEC ID		ON NUMBE		
Co	ongressional Leadership Fund					С	C00504530			
Che	ck if 24-hour report X 48-hour report	New repo	ort Amen	ıds repoi	rt filed on	- M /	D   D /	Y Y Y Y	Y	
T	Full Name of Payee In Field Strategies					- M /	D D /	n/Disseminati		
	Mailing Address 16192 Coastal Highway				Amou	05 nt	01	2017		
ŀ	City State		Zip Code					64172.50		
	Lewes DE	19958 <b>Transa</b>					tion ID: 003 Disbursement or Obligation			
	Purpose of Expenditure Groundgame		Category/ Type	004		04	24	2017	Y	
ı	Name of Federal Candidate		Sur	pport	Office Sough	t: >	<b>∢</b> House	District:	01	
	Quist, Rob, , ,			pose	Preside		Senate	State:N	1T	
	Calendar Year-To-Date Per Election for Office Sought		1778022.06		Disbursemen 2017 x O		ecify) >	y Ger Special Gene	neral eral	
	Full Name of Payee In Field Strategies					of Public	Distribution 01	n/Disseminati 2017		
	Mailing Address 16192 Coastal Highway				Amou	nt			_	
ľ	City State		Zip Code			1 0		64172.50	0	
	Lewes DE Purpose of Expenditure		19958			ction ÍD of Disbu	D: 004 irsement or	Obligation		
	Groundgame		Category/ Type	004	N	04 /	24	2017	Y	
	Name of Federal Candidate		<b>x</b> Su	pport	Office Sough	t: [	<b>K</b> House	District:	01	
	Gianforte, Greg, , ,		Ор	pose	Preside	ent	Senate	State:	/IT	
	Calendar Year-To-Date Per Election for Office Sought		1842194.56		Disbursemen 2017		Primar	y Ger Special Gene	neral eral	
(8	a) SUBTOTAL of Itemized Independent Expenditures							128345.00	-	
(I	SUBTOTAL of Unitemized Independent Expenditures					1 7			ī	
(	c) TOTAL Independent Expenditures					-			=	
,,	, TOTAL Independent Expenditures				<u> </u>					
W	nder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or au arty committee) any political party committee or its agent.									
		Electron	ically Filed]	Date	05 /	03	/ Y Y 20	17 Y		
	Signature									

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	chedule E)	11 E/N E.12.	1101120			GE 3 R SE OF FO	OF 4 RM 24/48
	AME OF COMMITTEE (In Full)					TIFICATION I	
С	Congressional Leadership Fund					504530	
— Ch	neck if 24-hour report 🗴 48-hour report	X New repo	port Amends repo		и м / D	D / Y	YYY
_					<u> </u>		
	Full Name of Payee In Field Strategies					stribution/Diss	semination 2017
	Mailing Address 16192 Coastal Highway			Amou	unt		
	City	State	Zip Code	$ \Gamma$		4	2000.00
	Lewes	DE	19958		saction ID : 0		
	Purpose of Expenditure Groundgame		Category/ Type 004				2017
	Name of Federal Candidate		Support	Office Sough	ht: X H	House Dist	rict: 01
	Quist, Rob, , ,		X Oppose	Presid			ate: MT
	Calendar Year-To-Date Per Election for Office Sought		1884194.56	Disbursemer 2017	nt For: Other (specify	Primary [ y) ▶ Speci	General al General
	Full Name of Payee In Field Strategies					stribution/Diss	semination 2017
	Mailing Address 16192 Coastal Highway			Amoi	unt		
	City	State	Zip Code			4	2000.00
	Lewes	DE	19958	Trans Date	action ID: 0 of Disburser	<b>06</b> ment or Oblig	ation
	Purpose of Expenditure Groundgame		Category/ Type 004	$\Box \mid \Box$	05 /	01 / Y	2017
	Name of Federal Candidate		<b>x</b> Support	Office Soug	ht: 🗶 F	House Dist	rict: 01
	Gianforte, Greg, , ,		Oppose	Presid	dent S	Senate St	ate: MT
	Calendar Year-To-Date Per Election for Office Sought	7 7	1926194.56	Disbursement 2017	nt For: Other (specif	Primary y) ▶ Spec	General ial General
_	(a) SUBTOTAL of Itemized Independent Expenditur	res				84	4000.00
	(b) SUBTOTAL of Unitemized Independent Expendi	Jitures		<b>-</b>			
	(c) TOTAL Independent Expenditures			· [	7		
١	Under penalty of perjury I certify that the independ- with, or at the request or suggestion of, any candida party committee) any political party committee or its	date or authorized					
	Crosby, Caleb, , ,	[Electron	nically Filed] Date	e 05	03	2017	Y
	Signature						

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sch	nedule E)	110.120		PAGE 4 OF 4 FOR SE OF FORM 24/48				
NAM	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Со	ongressional Leadership Fund			C C00504530				
				0 000001000				
Chec	ck if 24-hour report 🗶 48-hour report 🗶 New rep	port Amends repo		M / D D / Y B Y B Y				
	Full Name of Payee  Creative Direct		Date o	of Public Distribution/Dissemination				
				05 01 7 2017				
ľ	Mailing Address 25 E Main Street		Amour	nt				
	City State	Zip Code	— r	8500.00				
- 1	Richmond VA	23219		action ID : 007  of Disbursement or Obligation				
	Purpose of Expenditure Doorhangers	Category/ Type 004	М	05 02 2017				
	Name of Federal Candidate	Support	Office Sought	t: X House District: 01				
	Quist, Rob, , ,	Support Oppose	Preside	Trodoc Biotrict				
	Calendar Year-To-Date		Disbursement					
L	Per Election for Office Sought	1934694.56	2017 <b>x</b> Ot	7				
	Full Name of Payee  Creative Direct			of Public Distribution/Dissemination				
				05 01 2017				
'	Mailing Address 25 E Main Street		Amour	nt				
	City State	Zip Code	—	8500.00				
	Richmond VA	·						
	Purpose of Expenditure Doorhangers	Category/ 004	M	of Disbursement or Obligation				
		Type 004		05 02 2017				
	Name of Federal Candidate	<b>x</b> Support	Office Sought					
-	Gianforte, Greg, , ,	Oppose	Preside					
	Calendar Year-To-Date Per Election for Office Sought	1943194.56	Disbursement 2017	t For:				
(a	a) SUBTOTAL of Itemized Independent Expenditures		· •	17000.00				
(b	b) SUBTOTAL of Unitemized Independent Expenditures							
				7 7				
(c	c) TOTAL Independent Expenditures		. •	266345.00				
wi	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.							
	Crosby, Caleb, , , [Electron	nically Filed] Date	e 05	03 2017				
	Signature	_						